

EXHIBIT 7

Form X-17A-5 Filer Information

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

ANNUAL AUDITED REPORT
Form X-17A-5
Part III

OMB Number: 3235-0123, 3235-0749

FORM X-17A-5

Estimated average burden hours per
response: 12.00FACING PAGE
Information Required of Brokers and Dealers Pursuant to Section 17 of the
Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

X-17A-5: Filer Information

Filer CIK	<input type="text" value="0001708828"/>
Filer CCC	<input type="text" value="XXXXXXXX"/>
Is this a LIVE or TEST Filing?	<input checked="" type="radio"/> LIVE <input type="radio"/> TEST
Would you like a Return Copy?	<input type="checkbox"/>
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>
Confirming Broker Dealer Copy File Number	<input type="text"/>
Confirming Security-Based Swap Entity Copy File Number	<input type="text"/>
Submission Contact Information	
Name	<input type="text"/>
Phone	<input type="text"/>
E-Mail Address	<input type="text"/>
Notify via Filing Website only?	<input type="checkbox"/>

X-17A-5: Submission Information

Report for the Period Beginning	<input type="text" value="01-01-2023"/>
and Ending	<input type="text" value="12-31-2023"/>
Type of Registrant	<input checked="" type="checkbox"/> Broker-dealer <input type="checkbox"/> Security-based swap dealer <input type="checkbox"/> Major security-based swap participant
	<input type="checkbox"/> OTC derivatives dealer

Material Weakness

Does this submission include an accountant's report covering the compliance report that identifies one or more material weaknesses?

☐ Yes ☒ No

X-17A-5: A. Registrant Identification

Name of Firm	<input type="text" value="CLEAR STREET LLC"/>
Address of Principal Place of Business (Do not use P.O. Box No.)	
Address 1	<input type="text" value="4 WORLD TRADE CENTER, 150 GREENWICH STRE"/>
Address 2	<input type="text" value="45TH FLOOR"/>
City	<input type="text" value="NEW YORK"/>
State/Country	<input type="text" value="NEW YORK"/>
Mailing Zip/ Portal Code	<input type="text" value="10007"/>
Name and Telephone Number of Person to Contact in Regard to this Report	
Name	<input type="text" value="Tim Dunham"/>

Telephone Number

646-350-4761

X-17A-5: B. Accountant Identification**Independent Public Accountant**

Name - if individual, state last, first, and middle name

RSM US LLP

Address 1

4 Times Square, 151 West 42nd Street

City

New York

State/Country

NEW YORK

Mailing Zip/ Postal Code

10036

Check One

- ☒ Certified Public Accountant
☐ Certified Public Accountant not resident in United States or any of its possessions

X-17A-5: Signature**Oath or Affirmation**

I, *Timothy Dunham*, swear (or affirm) that, to the best of my knowledge and belief, the financial report pertaining to the firm of *CLEAR STREET LLC*, as of *12-31-2023*, is true and correct. I further swear (or affirm) that neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows:

Signature

Timothy Dunham

Title

CFO

Notary Public

Checking this box acknowledges that this oath or affirmation has been notarized.

